

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/11/2018 13:12
Date Of Accident	14/11/2018 06:50
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1980Y
Insured/Policyholder	
Name Of Registered Owner	TOMMY FAN RONGSHENG
NRIC No	S7770075G
Email Address	TREX4840@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88661813
Alternative Phone No	OTHERS-88661813

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096591664
Cover Note Number	18/12/17 - 17/03/19

Driver

Name of Driver	TOMMY FAN RONGSHENG
NRIC No	S7770075G
Date Of Birth	24/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88661813
Fax Number	
Contact Number	OTHERS-88661813
Email Address	TREX4840@GMAIL.COM

Address	BLK 120C CANBERRA CRESCENT #13-393
Postcode	753120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

It was heavy traffic. Front vehicle SME4967D stop and I managed to stop as well. SGL1980T hit me on the rear. The impact caused my vehicle to move forward and hit the rear of SME4967D. It was a chain collision of 3 vehicles. Due to the impact, my wife suffered neck sprain and had consulted doctor.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIRECT TO INSURANCE COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL1980T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOO CHUI BENG
NRIC/Passport Number	S8681933C
Contact Number	91579689
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME4967D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YONG KHUNG
NRIC/Passport Number	S1629819J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH JIA MIN, CAMY (WIFE)
Approximate Age	33
Injuries Sustain	NECK SPRAIN
Injured person in which vehicle?	SLS1980Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 120C CANBERRA CRESCENT #13-393
Postcode	753120

A: SLS1980Y
 B: SGL1980T
 Soo Chui Beng
 58681933C
 Hp: 91579689
 C: SME4967D
 Ng Yong Kheng
 51629819J
 Hp: -

Ins: NTUC, Veh No: SLS 1980Y DoA: 14/11/18 6:49am

It was heavy traffic. Front vehicle SME4967D stop & I managed to stop as well. SGL1980Y hit me on the rear. The impact caused my vehicle to move forward and hit the rear of SME4967D. It was a chain collision of 3 vehicles. Due to the impact, my wife suffered neck sprain & had consulted doctor.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

I/We declare the foregoing particulars are true in every respect.

RL

Driver's Signature
(If driver is not the policyholder)
Date & Time: /

(45) ang 14/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

() Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop (_____)

MT/1019825

SKETCH PLAN

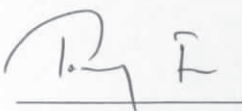
VEHICLE NO.: SL51980Y
INSURER : NTUC
DATE & TIME: 14/11/18 6.49am

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8. **Consent under the Personal Data Protection Act (PDPA)**

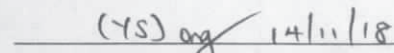
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

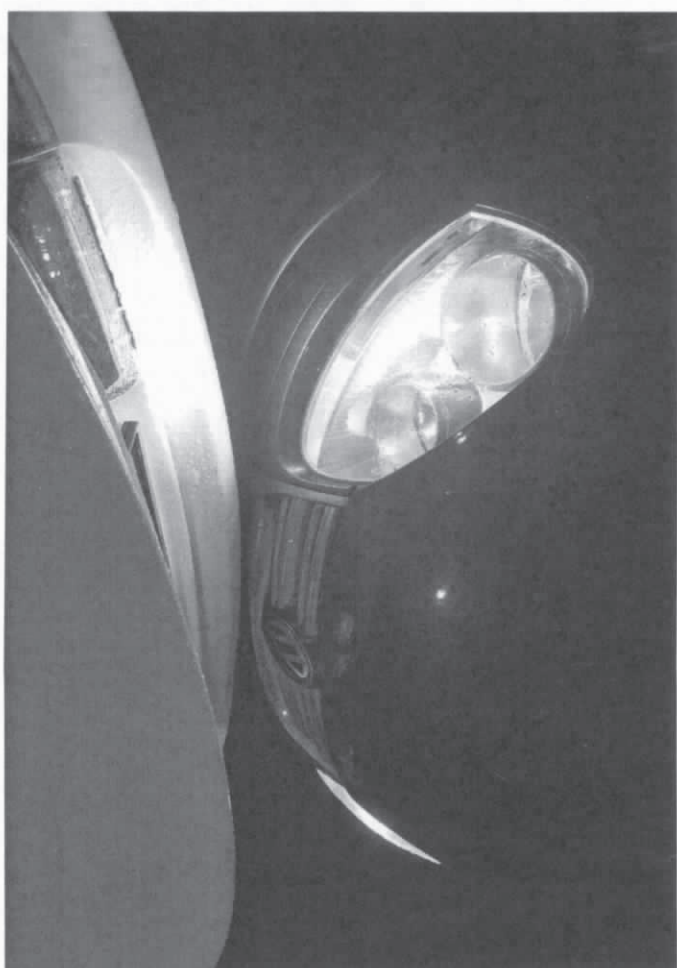
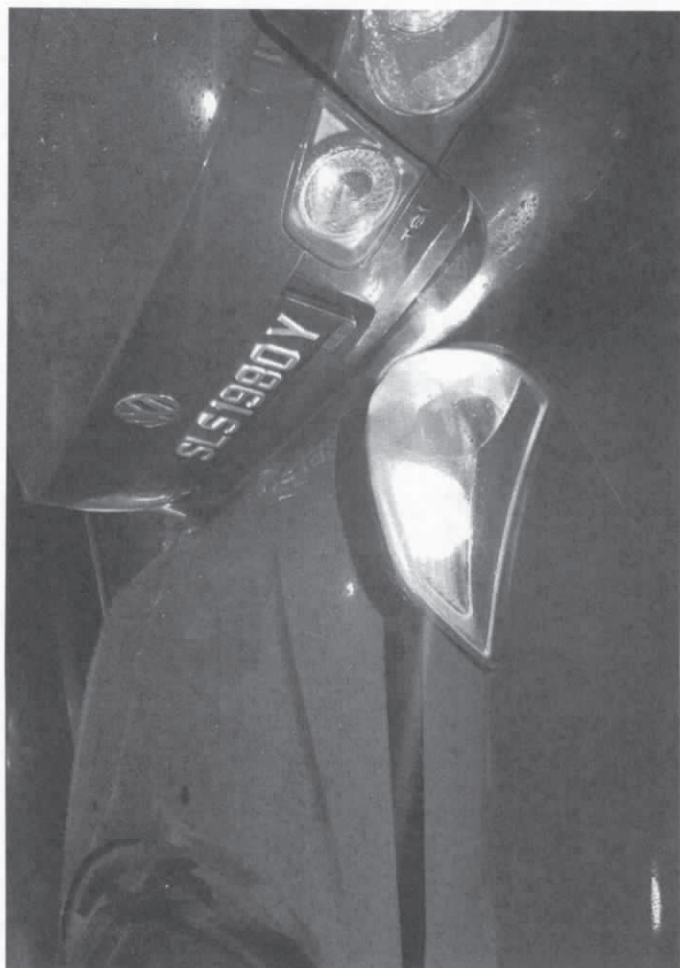
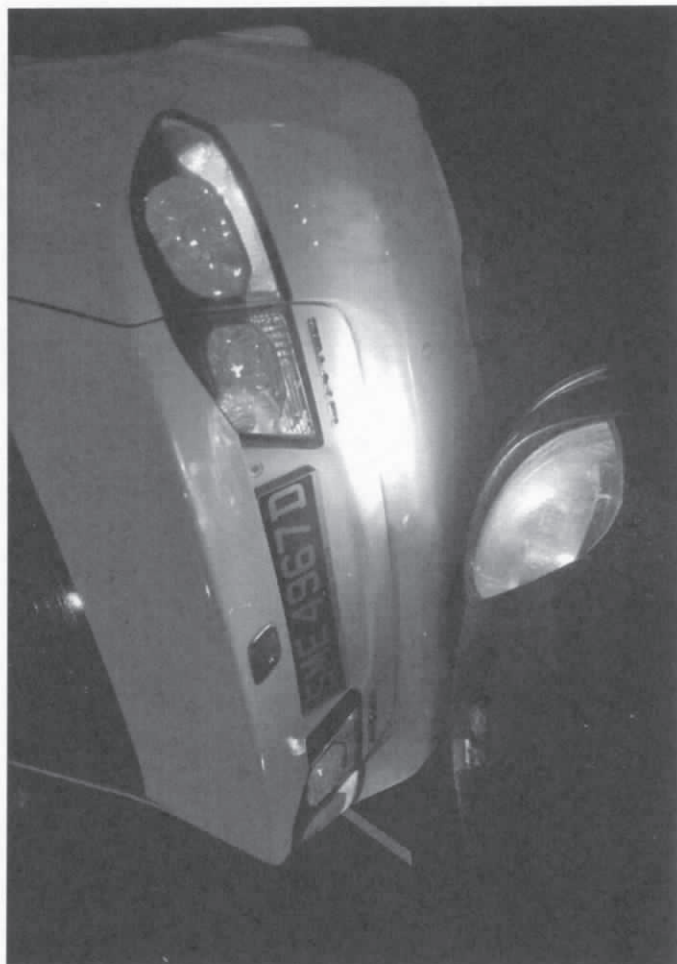
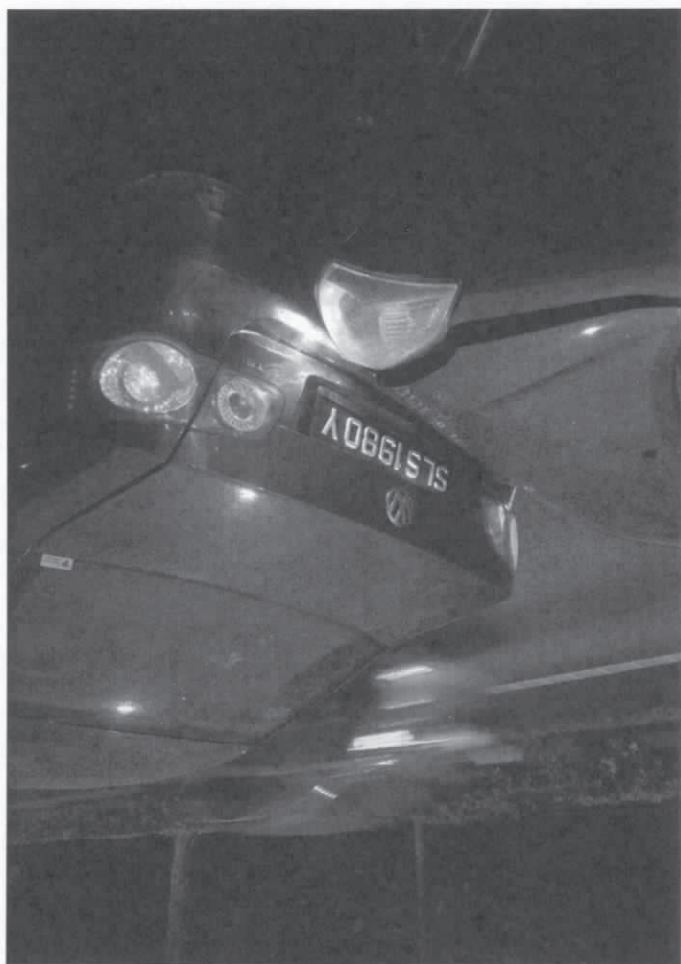


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Enquire Vehicle & Owner Information (Vehicle No. SGL1980T As At 14 Nov 2018 / 06:49:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: CHM- SLS1980

Current Owner Details

Owner ID Type: Company

Owner ID: 201800706Z

Owner Name: YI HWA ENGINEERING CONSTRUCTION PTE. LTD.

Registered Address Type: Private Residential (non-Condo Apt / non-House)

Registered Block/House No.:6

Registered Street Name: FIRST LOK YANG ROAD

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 629730

Current Vehicle Details

Vehicle No.: SGL1980T

Make Description/Model: TOYOTA / WISH 1.8 A

Insurance Company Name: TOKIO MARINE INSURANCE SINGAPORE LTD

Insurance Company Name: AXA INSURANCE PTE LTD

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.